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City of Winchester Business License Application Instructions

The application form is divided into two parts. The top half is where you record pertinent information about the business and its owner. The bottom half is where the business owner records the gross receipts for taxation purposes.

- A. **Name of Applicant/Mailing Address:** You must record the name of the responsible management personnel. See the following: Corporation-Registered Agent & President; Partnership-List all Partners; Sole Proprietor- list owner, address where all business correspondence should be sent.
- B. **Trade Name:** Enter the name of the business and the physical location of the business here.
- C. **Social Security Number:** Social Security Number of Business Owner
- D. **Telephone Number:** The business telephone number or home telephone number of the owner.
- E. **State ID Number:** Sales Tax Identification Number.
- F. **Federal ID Number:** Federal Tax Identification Number issued by the IRS.
- G. **Control Number:** Leave blank
- H. **Type of Business:** Please check type of business and enter in the date you began your business in the City of Winchester in the Blank provided.
- I. **State Contractors License:** If you perform work in the State of Virginia, in excess of \$1,000 per job, you MUST secure a State Contractor's License prior to applying for a City Business License. Indicate whether you have a Class A, B, or C license and record that license number and expiration date. You must provide a copy of your state license when renewing or applying for a City Business License. Also attach Form V.W.C. 61-A to your application.

Tax Rates:

Contractors	16 cents per \$100 of gross receipts
Retail Sales	20 cents per \$100 of gross receipts
Financial, Real Estate, & Professional	58 cents per \$100 of gross receipts
Repair, Personal & Business Services	36 cents per \$100 of gross receipts
Wholesale Merchants	\$50 for the first \$10,000 of gross purchases & 20 cents per \$100 of gross receipts thereafter.
Other	Tax Rates Vary- Call for information (540) 667-1815

For renewal applications: To receive an invoice for payment, your application must be received by the Commissioner of Revenue no later than **February 15th**.

There is a 10% or \$2.00 (whichever is greater) late filing fee for applications received after **March 1st**. There is a 10% or \$2.00 (whichever is greater) late payment penalty assessed for all payments received after **March 1st**.

Date _____

INSTRUCTIONS FOR COMPLETION OF VWC FORM 61A

CONTRACTOR'S CERTIFICATION

Item 1 – To be completed by the official issuing the business license.

1. *Circle one. City, Town or County.
Provide the name of locality issuing the license.
Provide business license number including any prefix or suffix.*

Item 2 –7 – To be completed by the contractor.

2. *The name of the contractor must be the same as the name insured on the workers' compensation insurance policy.*

Sole-proprietors and partners should include the name of the sole-proprietor and all partners as well as the trade name under which the business operates.

Provide the complete address used to receive mail by the U.S. Postal Service.

3. *Provide the federal identification number or social security number. This information should also match the information on the workers' compensation policy.*

4. *Check or mark the legal status of the business.*

5. *Provide the complete name of the insurance company or self-insured group that insures the workers' compensation liability. If you are a client of a licensed Professional Employer Organization (PEO) and are insured under its master policy, provide the name of the PEO.*

Do not use the name of an insurance agency.

If the name of the insurance company is unknown, contact the agent for this information.

The complete policy number or self-insured member number, including any prefix or suffix, must be shown.

If a question arises regarding whether workers' compensation coverage is required, consult one or more of the following resources: (1) the brochure provided, (2) an insurance agent, (3) an attorney familiar with workers' compensation, or (4) the Insurance Department at the Workers' Compensation Commission at (804) 367-2075.

6. *Sign and print the name of the person signing the form.*
7. *Date the form and present it to the licensing authority.*

Note: *The state funds of West Virginia and Maryland are not authorized to write workers' compensation insurance in Virginia.*

DO NOT ATTACH ANY DOCUMENTS TO THE CONTRACTOR'S CERTIFICATE.

Contractor's Certification of Insuring Liability for Workers' Compensation In Virginia

Complete and file this form with each Virginia locality where you have applied for or are renewing a business license. Do not attach any documents to this certificate.

Name of City, Town or County in Virginia Issuing License: _____
(A separate certificate must be filed with each locality in which you obtain a license.)

Business License Number Issued by the locality named above: _____
Name of Contractor: _____

Contractor's Address: _____

Contractor's FEIN OR SSN: _____

Contractor's Telephone Number: (____) _____

Legal Status: (Check One) ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC
☐ Other (specify) _____

Method by which contractor's liability for workers' compensation is insured:

☐ Insured by an insurance carrier licensed to do business in Virginia: (The Maryland Injured Workers Fund and the West Virginia Fund are not licensed to write W.C. coverage in Virginia.)

Name of Carrier: _____

Policy Number: _____ **Policy Effective Date:** _____

☐ A member of a group self-insured association licensed to do business in Virginia:

Name of Self-Insured Group: _____

Member Number: _____ **Effective Date:** _____

☐ Self-Insured by the Virginia Workers' Compensation Commission. **Member Number:** _____

☐ Insured under a master policy of a licensed Professional Employer Organization. **Name of PEO:** _____

☐ Workers' Compensation Insurance is not required. **State Reason:** _____

Under penalty of law, the undersigned certifies he/she is duly authorized by the business license applicant to execute this certificate, and the business named above is in compliance with §65.2-800 et seq. of the Virginia Workers' Compensation Act, and will remain in compliance with the law during the effective period of the business license.

Signature of Applicant or Authorized Agent: _____

Print Name of Applicant or Authorized Agent: _____

Date: _____